POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*	*(handwritten)*	*(handwritten)*
O.I.P.E. CLASSIFIER	*(signature)*		7/7/00
FORMALITY REVIEW	*(signature)*	8?27	08-14-00
RESPONSE FORMALITY REVIEW	MD	*(handwritten)*	03/13/01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim				Date							
Final	Original	12/24/03	5/20/14								
	(1)	✓	✓								
	2	✓	✓								
	3	✓	✓								
	4	✓	✓								
	5	✓	✓								
	6	✓	✓								
	7	✓	✓								
	8	✓	✓								
	9	✓	✓								
	10	✓	✓								
	11	✓	✓								
	12	✓	✓								
	13	✓	✓								
	14	✓	✓								
	15	✓	✓								
	(16)	✓	✓								
	(17)	✓	✓								
	18	✓	✓								
	19	✓	✓								
	20	✓	✓								
	21	✓	✓								
	22	✓										
	23	✓	✓								
	24	✓	✓								
	(25)	✓										
	26	✓										
	27											
	28											
	29											
	30											
	31											
	32											
	33											
	34											
	35											
	36											
	37											
	38											
	39											
	40											
	41											
	42											
	43											
	44											
	45											
	46											
	47											
	48											
	49											
	50											

Claim	Date
Final / Original	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
Final / Original	
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)